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## BIB DATA SHEET

CONFIRMATION NO. 4103

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/821,615	03/29/2001	705	3626	D01615US (1517.002)		
<b>APPLICANTS</b> Ervin Dennis Walter, Madison, WI; Mukesh Allu, Madison, WI; Scott Andrew Lordi, Madison, WI; Gary Stanton Holmes, North Freedom, WI; Carl David Dvorak, Madison, WI; Joel Erick Rod, Madison, WI; Sumit Singh Rana, Madison, WI; Samit Govind Sureka, Madison, WI;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/214,290 06/26/2000						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 05/08/2001						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /KRISTINE K RAPILLO/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Epic c/o Boyle Fredrickson S.C. 840 North Plankinton Avenue Milwaukee, WI 53203 UNITED STATES						
<b>TITLE</b> Patient health record access system						
<b>FILING FEE RECEIVED</b> 1071	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		